

# Work Order ID 94419

December-17-12 3:11:18 PM

**\*94419\***

Page 1

Item ID: D3067-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: End Plate

Start Date: 17/12/2012 Start Qty: 40.00

**\*40\***

Cust Item ID:

Required Date: 02/01/2013 Req'd Qty: 40.00

**\*40\***

Customer:

Reference:

Approvals:

Process Plan: MLS

Date: 12-12-12 Tooling:

Date:

Run Start **\*NR1\***

QC:

Date: SPC (Y/N):

Date:

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                     |                      |         |        |              |               |               |                  |                |
| D3067                          | Rev A                                   |                      |         |        |              |               |               |                  |                |
| 100                            |   | 0.00                 |         |        |              |               |               |                  |                |
| <b>*100*</b>                   | FLOW WATER JET                          |                      |         |        |              |               |               |                  |                |
| Waterjet                       | Memo                                    | 0.00                 |         |        |              |               |               |                  |                |
| FLOW CNC Waterjet              | 1-Cut as per Dwg D3067                  |                      |         |        |              |               |               |                  |                |
| 5052-063                       | Dwg Rev: _____                          |                      |         |        |              |               |               |                  |                |
|                                | Prog Rev: _____                         |                      |         |        |              |               |               |                  |                |
|                                | 2-Deburr if necessary                   |                      |         |        |              |               |               |                  |                |
| 110                            |   | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   | QC2- Inspect parts off machine FAI/FAIB |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                    | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |   |                      |         |        |              |               |               |                  |                |
| 120                            |   | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   | QC8- Inspect parts - second check       |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                    | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |   |                      |         |        |              |               |               |                  |                |

108 0 Jm 13-1-21

108 0 Jm 13-1-21

15  
13.1.21

108  
can

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |   |   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>  | Water Jet <input type="checkbox"/>  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>  | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|--|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |   |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |   |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |   |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |   |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |   |                   |                    |             |              |              |

### FAULT CATEGORY

|  |   |  |
|--|---|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions<br><br><input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |
|--|---|--|

# Work Order ID 94419

December-17-12 3:11:18 PM

**\*94419\***

Page 2

Item ID: D3067-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: End Plate

Start Date: 17/12/2012 Start Qty: 40.00

**\*40\***

Cust Item ID:

Required Date: 02/01/2013 Req'd Qty: 40.00

**\*40\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

130

**\*130\***

NC BRAKE

0.00

Brake NC

Memo

0.00

Brake NC

Bend as per Dwg D3067

108

SB  
13/01/21

140

**\*140\***

QC5- Inspect part completeness to step on W/O

0.00

QC

Memo

0.00

Quality Control

DAS  
15  
2-89

13.1.21

K8  
can

150

**\*150\***

Identify as per dwg & Stock Location: 111A

0.00

Packaging

Memo

0.00

Packaging

\*\*\* STOCK IN STEP CELL \*\*\*

108

DAS  
19  
2-89

13.01.21

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |   |   |                   |   |             |              |  |  |   |  |
|--|------|------|---|---|-------------------|---|-------------|--------------|--|--|---|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |      |      |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |  |  |   |  |
| <b>Root Cause</b>  | Date | Step | Qty   | Description of work order update or Non-conformance   | Initial Chief Eng | Action Description  | Sign & Date | Verification | QC Inspector   |  |   |  |
| Doc/Data <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| Equip/Tooling <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |  |  |   |  |
| Operator <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| Material <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| Setup <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |  |  |   |  |
| Other <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |  |  |   |  |
| Process <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |  |  |   |  |
| Supplier <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| Training <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| Unapproved <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| <b>FAULT CATEGORY</b>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                   | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |             |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |

**Work Order ID 94419**

December-17-12 3:11:18 PM

**\*94419\***

Page 3

Item ID: D3067-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: End Plate

Stop **\*NS2\***

Start Date: 17/12/2012 Start Qty: 40.00

**\*40\***

Cust Item ID:

Required Date: 02/01/2013 Req'd Qty: 40.00

**\*40\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 160                            | QC21- Final Inspection - Work Order Release | 0.00                 |         |        |              |               |               |                  |                |
| <b>*160*</b>                   |   |                      |         |        |              |               |               |                  |                |
| QC                             | Memo  | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |   |                      |         |        |              |               |               |                  |                |

13/01/22 *[Signature]*  
MF  
13-1-21

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |                                    |  |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|------------------------------------|--|---|---|--------------------------|---|------------------------|---------------------|--|--|---|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |                                    |  |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                        |                     |  |  |   | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/>           | Engineering <input type="checkbox"/>  |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>   | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/>   | Quality <input type="checkbox"/>  |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>   | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>  |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>   | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/>            |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| <b>Root Cause</b>  | <b>Date</b>                        | <b>Step</b>                                  | <b>Qty</b>  | <b>Description of work order update or Non-conformance</b>  | <b>Initial Chief Eng</b> | <b>Action Description</b>   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b>  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Doc/Data <input type="checkbox"/>  |                                    |  |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Equip/Tooling <input type="checkbox"/>   |                                    |  |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Operator <input type="checkbox"/>  |                                    |  |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Material <input type="checkbox"/>  |                                    |  |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Setup <input type="checkbox"/>   |                                    |  |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Other <input type="checkbox"/>   |                                    |  |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Process <input type="checkbox"/>   |                                    |  |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Supplier <input type="checkbox"/>  |                                    |  |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Training <input type="checkbox"/>  |                                    |  |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Unapproved <input type="checkbox"/>  |                                    |  |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| <b>FAULT CATEGORY</b>  |                                    |  |   |   |                          |   |                        |                     |  |  |   |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |                                    |  | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                          | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                        |                     | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

# Picklist Print

December-17-12 3:11:21 PM

Page 1

Work Order ID: 94419

Parent Item: D3067-1

Parent Item Name: End Plate

\*94419\*

\*D3067-1\*

Start Date: 17/12/2012

Required Date: 02/01/2013

Start Qty: 40.00

Required Qty: 40.00

Comments: IPP: 03.01.21 Remove step 6 (Deburr) KJ  
IPP Rev:B Now on Water jet 06-06-16 JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status     |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|------------|
| M5052H32S.063                   |                        | Purchased     | No          |                     |                  | 100             | sf                 | 94.8053        | 0.0625      | 2631579      |               |                |            |
| *M5052H32S 063*                 |                        |               |             |                     |                  |                 |                    |                |             | **           |               |                | Jm 13-1-21 |
| 5052-H32 .063 Sheet             |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |            |

## Location

MAT022

## Loc Qty

94.805264

114322

25.705264

120603

38

121901

31.1

## Loc Code

120603

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |   |   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>  | Water Jet <input type="checkbox"/>  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>  | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |   |                   |                    |             |              |              |
| Operator      |      |      |     |   |                   |                    |             |              |              |
| Material      |      |      |     |   |                   |                    |             |              |              |
| Setup         |      |      |     |   |                   |                    |             |              |              |
| Other         |      |      |     |   |                   |                    |             |              |              |
| Process       |      |      |     |   |                   |                    |             |              |              |
| Supplier      |      |      |     |   |                   |                    |             |              |              |
| Training      |      |      |     |   |                   |                    |             |              |              |
| Unapproved    |      |      |     |   |                   |                    |             |              |              |

**FAULT CATEGORY**

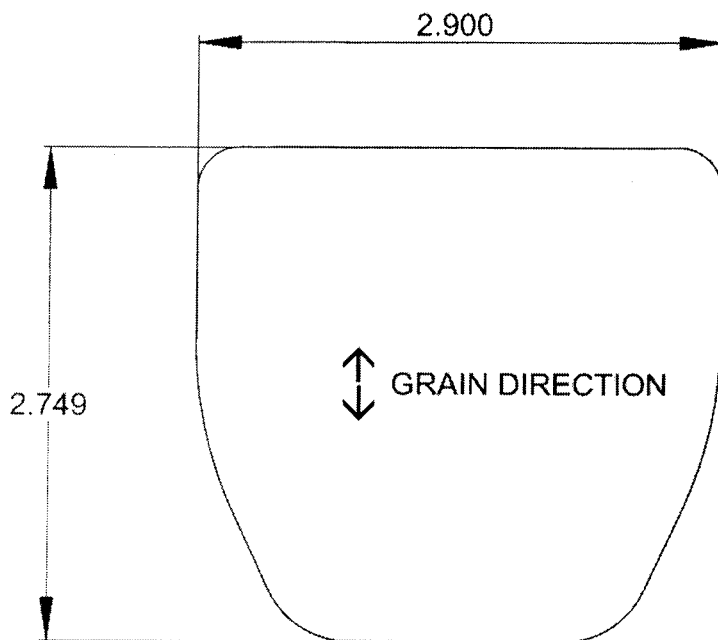
| Landing Gear  | General                                 | Other  |
|---|---|--|
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           |
| <input type="checkbox"/> Crushed/Crimped.             | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |
|   |   | <input type="checkbox"/> Ovalized                        |
|   |   | <input type="checkbox"/> Over/Under tolerance            |
|   |   | <input type="checkbox"/> Part Incorrect                  |
|   |   | <input type="checkbox"/> Part Lost/Missing               |
|   |   | <input type="checkbox"/> Part Moved                      |
|   |   | <input type="checkbox"/> Positioned Wrong                |
|   |   | <input type="checkbox"/> Power Loss/Surge                |
|   |   | <input type="checkbox"/> Pressure/Forced                 |
|   |   | <input type="checkbox"/> Temperature/Cure                |
|   |   | <input type="checkbox"/> Weld                            |
|   |   | <input type="checkbox"/> Wrong Stock Pulled              |
|   |   | <input type="checkbox"/> Other                           |



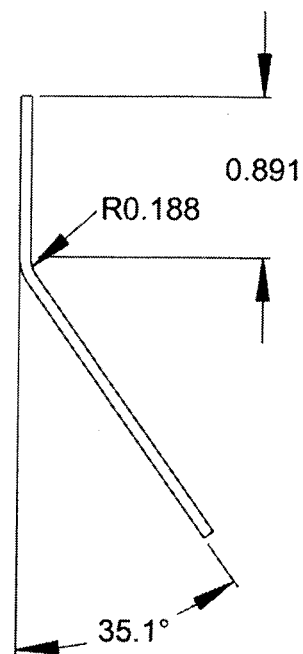




|                         |                       |  |                        |
|-------------------------|-----------------------|--|------------------------|
| DESIGN<br><i>CP</i>     | DRAWN BY<br><i>CP</i> | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA |                        |
| CHECKED<br><i>CP</i>    | APPROVED<br><i>CP</i> | DRAWING NO.<br><b>D3067</b>                              | REV. A<br>SHEET 1 OF 1 |
| DATE<br><b>02.09.11</b> |                       | TITLE<br><b>END PLATE</b>                                | SCALE<br>1:1           |
| A                       | 02.09.11              | NEW ISSUE  |                        |



D3067-1 FLAT PATTERN



D3067-1 BEND DETAIL

D3067-1 END PLATE

- 1) MACHINE PER DWG FILE "D3067-1.SLDPRT"
- 2) MATERIAL: 5052-H32 PER QQ-A-250/8 (REF DART SPEC. M5052H32S.063)  
OR 6061-T6 PER QQ-A-250/11 (REF DART SPEC. M6061T6S.063)  
ALUMINUM SHEET, 0.063 THICK
- 3) FINISH: NONE
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 5) ALL DIMENSIONS ARE IN INCHES

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